FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Diebursements/Obligations	
(a) Name U.S. Chamber of Comme	rce
(b) Address (number and street) check if different than previously reported 1615 HI Street N.W.	2. FEC Identification Number
(c) City, State and ZIP Code Washi noton, OC 20062	C30001101
(d) Name of Employer or Principal Place of Business (e) Occupation	on
3. Is This Statement Or Additional to A. Covering Period	1 29 2010 1hrough
5. (a) Date of Public Distribution(s) 10 05 06 (b) Communication	THO What Planet
6. The filer is a(n): (a) Individual (b) Unincorporated Organization (c) Qualified (d) Corporation, Labor Organization or Qualified Nonprofit Corporation making comm	
7. If the filer is an individual, unincorporated organization or qualified nonprofit were the disbursements made exclusively from donations to a segregated by 8. Custodian of Records (a) Name Rob Engston	
(b) Address (number and street) 65 H Street NV (c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business (e) Occupation	on
·	. President
9. Total Donations This Statement	,
10. Total Disbursementa/Obligations This Statement ,2 4	8,500.00
Under penalty of perjury, I certify that this statement is true, correct and complete.	
TYPE OR PRINT NAME OF PERSON COMPLETING FORM ROS ENGST CO.	<u>m</u>
SIGNATURE DATE 1	0/5/10
NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statem	ent to the peneities of 2 U.S.C. §437g.

List of Person(s) Sharing/Exercising Control (use additional pages as necessary)

PAGE OF 3

(a) Name		
	al cause	
(b) Address (number and street	astrom	
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(c) City, State and ZIP Code		
Washingto	n NC 20067	(A) Assumbles
	e de la companya del companya del companya de la co	(e) Occupation
	under at Commerce	Vice President
Bull Mi		
1615 H	Street NW	
(c) City, State and ZIP Code	100 1,200	
(d) Name of Employer or Princip	pai Place of Business	(e) Occupation
116 61.	and of Commercial	Senior Vice President
	provider of Commerce	Jenior VICE FIRSTON IN
(b) Address (number and street	a market of the	
(d) Name of Francisco Poncis	Series of Business	(e) Occupation
• • • • • •		(e) Occupation
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(c) City, State and ZIP Code		
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SCHEDULE 9-B

Disbursement(e) Made or Obligation(s)

PAGE 3 OF 3

A. Full Name (Last, First, Middle Initial) of Paye	•	Date of Disbursement or Obligation
		69'24 2010
Mailing Address of Payee	onb	04 44 5010
814 King Street		Amount
City	State Zip Code	,248,50000
Alexandria VA 2	9314	Communication Date
Name of Employer	Occupation	
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Purpose of Disbursement (Including title(s) of	f communication(s))	
"What Planet" TI	Spot	
Name of Federal Candidate To State Office	State:	Disbursement/Obligation For: Primary General
1/2 1/2 1 Oabite	Senate District: 3	
Kathy Dahlkemper	President	Other (specify)
Name of Federal Candidate Office	ce Sought House State;	Diabutsement/Obligation For: Primary General
	Senate District	Other (specify)
Name of Federal Candidate Offic	President Pe Sought: House	Disbursement/Obligation For:
(Agua or Localdi Caridinato	rouse State:	Primary General
	Diatrict	Other (specify)
	President	
B. Full Name (Last, First, Middle Initial) of Paye	10	Date of Disbursement or Obligation
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Mailing Address of Payee		Amount
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City	State Zip Coda	and the second s
Name of Employer	Occupation	Communication Date
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Purpose of Disbursement (Including title(s) of	communication(s))	<u> </u>
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Name of Federal Candidate Office	e Sought House	Disbursement/Obilgation For:
to data a seguina se	Senate	Primary General
and representing	President District:	Other (specify)
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1.5%	President District	Other (specify)
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SUBTOTAL of Diabursements/Obligations This	Page (optional)	en e
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TOTAL This Period (fast page this line number (carry total from last page to Line 10)	only)	,248,500.00
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Federal Election Commission

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No Postmark	
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